

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90502 009 ***150.00

DOCUMENT # F01000002169

1. Entity Name

HT-Aruba, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 W. Madison

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, IL

3. Mailing Address

200 W. Madison

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, IL

4. FEI Number
36-3456158

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
60606

Country
USA

Zip
60606

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street, Suite 105

City
Tallahassee

FL

Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President P/D
NAME	Douglas Geoga
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
TITLE	XXXXX President XXXXXXXX V/S/D
NAME	Harold S. Handelsman
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
TITLE	XXXXX XXXXXXXX XXXXXXXX V/T/D
NAME	Kirk Rose
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
TITLE	XXXXX XXXXXXXX V
NAME	Barry Bloom
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
TITLE	XXXXX XXXXXXXX XXXXXXXX V
NAME	Christine Maki
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold S. Handelsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold S. Handelsman, VP & Secretary

4-21-03

Date

312-750-1234

Daytime Phone #

CR2E034B (12/02)